

COUNCIL IN REVIEW 1996 TO 2002

**Saskatchewan Mental Health
Advisory Council
Annual Report to the Minister
2001-2002**

June 2003



COUNCIL IN REVIEW: 1996-2002
SASKATCHEWAN MENTAL HEALTH ADVISORY COUNCIL
REPORT TO THE MINISTER

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LETTER FROM THE CHAIR

April 2003

Honourable John T. Nilson, Q.C.
Minister of Health
Legislative Building
REGINA SK S4S 0B3

Dear Minister Nilson:

The Mental Health Advisory Council is pleased to present the 2001-2002 Annual Report.

On behalf of the Mental Health Advisory Council, I would like to thank the Department of Health staff for their diligence and sensitivity in dealing with the work of the Council. Our success depends on their professionalism. I would also like to thank Council for its diligence and untiring commitment to making mental health services in Saskatchewan better respond to the needs of its clients each year.

In this report Council is taking a look back at the work that has collectively been done on some of the issues that were important to both the past and current Council members. Much has been accomplished but, collectively, we still have a great deal to do.

We are a diverse group of committed Council members each bringing strength to our purpose. Mr. Minister, it has been an excellent experience working with everyone on the Council.

Yours truly,

Dave Elliot
Chairperson
Mental Health Advisory Council



COUNCIL'S ACTIVITIES IN 2002

Children and Youth

Sub-committees were struck to consider the mental health needs of children and youth in Saskatchewan. MHAC members acknowledge that challenges and issues facing children and youth in regards to mental health are complex. Breaking the issues down for individual consideration was as an approach to better focus the recommendations.

- Mental Health Inpatient Treatment for Children and Youth
- Youth Involved with the Justice System
- Mental Health Needs of Children and Youth in Care (under the guidance of the Department of Social Services)
- Youth and Suicide
- Models of Case Management and Rehabilitation

A draft of Recommendations to the Minister of Health Regarding Mental Health Inpatient Treatment for Adolescents has been completed and will be submitted to the Minister.

Presentation to the Saskatchewan Association of Health Organizations (SAHO) by the Mental Health Advisory Council (MHAC) and the Alcohol and Drug Abuse Advisory Council (ADAAC)

Dave Elliot, Chair of MHAC, and Rick Peters, Chair of ADAAC, presented jointly on concurrent disorders to the SAHO convention in March 2002. The presentation identified the philosophical and clinical barriers that exist and the opportunity for the two systems to work together. The slides from the presentation are included in Appendix E.

World Congress on Mental Health

Thom Bartram, council member, attended the World Congress on Mental Health Conference in Vancouver on behalf of MHAC. Mr. Bartram provided Saskatchewan Health with a binder of information from the Congress. He found the experience very useful and brought some interesting ideas to Council.



Presentations and Site Visits

- Bonnie Durnford and Ken Cameron, from the Department of Social Services, presented an overview of their department's strategic plan, which included an overview of the redesign of Child Welfare Services.
- **Meeting with Prince Albert Mental Health Programs**

Norm Vetter, Coordinator of the Prince Albert Youth Services Project, provided MHAC with an overview of the Youth Services Model and the Prince Albert pilot project. The presentation was well received by Council and helped illustrate a working model of service integration for children and youth.

MHAC visited the mental health inpatient facility in Prince Albert where presentations of inpatient programming were provided by staff and Dr. Mohammad Hussain. A highlight of the visit was an overview of the Youth Stabilization Program that has been established as a partnership with Social Services.

A presentation was also provided to MHAC by mental health staff from outpatient services. MHAC members were very impressed with the service integration and partnerships that the P.A. Health District has established.



COUNCIL IN REVIEW

Issues and Priorities

Some of the issues reviewed by Council were:

- Aboriginal and Northern Mental Health
- Best Practices
- Children and Youth
- Concurrent Disorders/Dual Diagnosis
- Delivery of Acute Services
- Human Resources – Psychiatrists, Nurses
- Integration of Services
- Seniors/Report on Vulnerable Adults
- Stigma
- Mental Health Promotion

Reports and Papers Submitted to the Minister and Associate Minister of Health

- A Planning Guide to Achieve Improved Mental Health Outcomes – September 1995
- Recommendations to Address the Chronic Shortage of Psychiatrists in this Province – June 1997
- Stigma and Mental Illness: A Working Paper Towards Action – June 1997
- Recommendations to the Government of Saskatchewan to Address Aboriginal and Mental Health Issues – November 1999
- Recommendations to the Associate Minister of Health Regarding Concurrent Disorders – August 2000
- Recommendations to address Best Practices in Mental Health Reform – December 2000
- Best Practices in the Treatment of the Long-term Mentally Ill: A Saskatchewan Services Review and Recommendations – January 2001
- Letter to the Minister of Health on Recruitment and Retention of Psychiatric Nurses - 2002



PROGRESS TO ADDRESSING COUNCIL RECOMMENDATIONS

Stigma

Description

Council is concerned about the lack of awareness regarding mental illness in the community and the resulting stigma that permits abuse against vulnerable persons. Stigma also causes people to not seek services. Approximately 60-65% of all people with some form of mental disorder do not seek treatment.¹

Recommendation

Council recommends that human service departments partner with community organizations to address the problems associated with stigma and abuse in cost-effective ways.

Recent Initiatives to Address Stigma

➤ SMART

A program designed to discourage discrimination and increase awareness for persons with mental illness is called the S.M.A.R.T. Stigma Busting Program. The Program is highlighted in the Saskatchewan Health publication: *Building Healthy Young Minds Handbook*.

The S.M.A.R.T. program is designed for children in grades 6 to 8 and emphasizes the following criteria:

S	Seeing Strengths in Others
M	Mellow (Low Stress) Minds
A	Acceptance of Differences
R	Respectful Relationships
T	Truths and Mental Illness

➤ Partnership Program

The Partnership Program is an ongoing initiative provided by the Schizophrenia Society of Saskatchewan and sponsored in part by Saskatchewan Health. Saskatchewan Health funded the project initially in 1999 and the program recently surpassed an audience total of 10,000 persons in its campaign to educate high-school students in the Province about mental illness. A similar program has been evaluated in Alberta and has shown to be one of the most effective tools to address stigma in the general population.

¹ Regier et al., 1993; Kessler et al., 1996, Stephens & Joubert, 2001



Guardianship (1999-2000)

Description

There is a gap in the legal authority to protect individuals who have mental illness, and during the acute phase of their illness, are having difficulty making decisions independently. This gap in protection can contribute to an individual's financial security being compromised, taken advantage of, or sometimes permanently damaged. The episodic nature of mental illness can bring hardship to the individual and the family. It is important that processes are in place to provide security for those situations.

Recommendation by Council in 1999

Council recommended an "Emergency Power of Attorney" that could be implemented for a short period of time to address the client's fiscal and personal care needs. During periods of acute illness a designated person could provide information and advice on a personal and financial level to the mentally ill. This recommendation was provided to the Department of Justice in their review of *The Adult Guardianship and Co-decision-making Act*.

Progress

The Adult Guardianship and Co-decision-making Act was amended in 2001. This Act is meant to provide, protect and assist adults who are not able to make sensible decisions independently for a short period of time and as a result may be vulnerable to personal or financial harm.

The purpose of making amendments to the legislation was to meet the best interests of adult clients at all times. An adult who does not have the capacity to make decisions may be exploited by others or may endanger his or her own financial or personal welfare. There are restrictions for the kinds of decisions that can be made for adults, such as the handling of property, health care or living arrangements. It is anticipated that this Act can meet the requirements for the mentally ill as set out in Council's recommendations.



Aboriginal and Northern Issues (1999-2000)

Description

The Mental Health Advisory Council Report, *Recommendations to the Government of Saskatchewan to Address Aboriginal Mental Health Issues*, was completed in November 1999 and submitted to the Associate Minister of Health. The Minister agreed that it was important to work with the Federal Government, the Federation of Saskatchewan Indian Nations (FSIN) and other government departments to address the issues affecting the health of Aboriginal people. The Report also recommended improvements to services for Aboriginal people to address mental health issues.

Progress

A number of the recommendations made in the Report by Council have translated into action by both the provincial government and health districts.

- Saskatchewan Health oversees provincially the direction, coordination, evaluation and information dissemination of numerous Health sponsored initiatives under The Child Action Plan, all of which serve a significant proportion of Aboriginal Children. These include the following:
 - Early Skills Development Program
 - Family Health Benefits Program
 - Six (6) youth wellness centre projects
 - Provincial Parenting Education Initiative.
- The Early Skills Development Program in Battlefords and Saskatoon is an intensive early intervention school and home-based program to assist Kindergarten and Grade 1 children with very persistent aggressive and violent behaviours to develop more socially acceptable behaviours.
- There are Youth Services Model pilot projects in Prince Albert and Regina. The program's goal is to reduce reliance on the youth criminal justice system as a way to address the needs of youth with misconduct.
- The total number of mental health workers in Northern Saskatchewan for 2001-2002 is now 15, with Kewatin Yatthé having 7 and Mamawetan having 8 mental health workers.
- Child and Youth Services of the Regina Health District have begun offering services through The Kinship Centre. The Kinship Centre works to build and maintain strong partnerships with First Nations and Metis communities. The service is meant to provide assistance not only to children, but to the family as well.
- The Battleford Health District, with local and provincial partners, assist in the delivery of three School Retrieval Programs for children and youth with significant behaviour and emotional challenges. Addressing cultural issues is an important aspect of programming.



Concurrent Disorders (2000-2001)

Description

Council currently works with the Alcohol and Drug Abuse Advisory Council (ADAAC) to discuss the needs of people who have both a mental disorder and a substance abuse problem or addiction. A joint MHAC and ADAAC subcommittee report entitled, *Recommendations to the Associate Minister of Health Regarding Concurrent Disorders* was submitted in August 2000.

Recommendations

Of the seven recommendations made, a few are emphasized below:

- The provincial policy must clearly articulate and ensure access to provincially funded addiction treatment services for individuals who are on medication prescribed by a doctor.
- Education resources that explain the differences between psychoactive and psychotropic medications have become available and distributed to the public, mental health and addiction workers.
- Accountability - Saskatchewan Health needs to communicate these standards of service for people with concurrent disorders to District Health Board Services, community based programs, physicians and the public.
- The two committees should continue to work together in order to best advise the Minister of Health on all issues concerning concurrent disorders.

Progress

Some developments have occurred in Saskatchewan as a result of the work done in the concurrent disorders field. A number of these developments include:

- Conferences on concurrent disorders have been held which targeted mental health and alcohol, drug, clinical and programming issues.
- Many mental health and alcohol and drug services have been co-located under one manager in health districts.
- Moose Jaw and North Battleford have integrated intake systems serving both mental health and addiction services.
- MHAC and ADAAC have created awareness of the issues on concurrent disorders by presenting to the Saskatchewan Association of Health Organizations (SAHO) and meeting with the Minister of Health and Regional Health Authorities.
- Saskatchewan Health has developed a policy on the treatment of concurrent disorders.



Recruitment and Retention of Personnel (2000-2001)

Description

The recruitment and retention of psychiatrists continues to be a challenge. It remains difficult to attract psychiatrists to the Province. Council noted the shortage of psychiatric nurses in the Province and how this has impacted on mental health services. Council recommended a summer work-study initiative to help enhance the chances of recruiting nursing students into the psychiatric nursing field. The current number of full time equivalents (FTEs) is shown by service type in the following table:

**FTEs by Service Type 2000-2001
(Working with Regional Health
Authorities)**

Type of Service	FTEs
Inpatient*	332.83
Outpatient*	448.13
Sub-Total	780.71
Psychiatrists	34.5
Saskatchewan Hospital North Battleford*	130

*Inpatient, Outpatient, and SHNB FTE numbers do not include management, clerical staff, or psychiatrists

Source: Saskatchewan Mental Health Program Review, June 2002.

The number of Psychiatrists per population in Saskatchewan has traditionally been the lowest in Canada. The average age of Saskatchewan Psychiatrists is 45 years old with the majority residing in the urban areas, particularly, Saskatoon. The number of available Psychiatrists has been an issue for most Canadian provinces.

The recommendations given in the Psychiatry Human Resource Plan 2001² continue to be a valued source for Saskatchewan Health and for Regional Health Authorities in the recruitment and retention of psychiatrists.

Progress

Discussions regarding the status of provincial psychiatrist supply continue between officials from Saskatchewan Health, Community Care Branch and the Regional Health Authorities. In addition, mental health service managers throughout the Regional Health Authorities continue to work with Saskatchewan Health, Saskatchewan Association of Health Organizations, the Saskatchewan Psychiatric Association and other stakeholders to develop ways to recruit and retain psychiatrists in Saskatchewan.

The College of Nursing, University of Saskatchewan, has indicated that it plans to focus more on clinical options within its Nursing Education Program of Saskatchewan (NEPS) and to establish a post-basic baccalaureate program commencing in Fall 2004.

NEPS will also have a program starting in Prince Albert in the fall 2004 to attract more Aboriginal students.

***At the current pace, there will
be a 16% decrease of RPNs in
the workforce by 2005.***

² Province of Saskatchewan, "Psychiatry Human Resource Plan," 2001.



Pending Issues

Despite significant progress on a number of the recommendations MHAC has made, there are still some issues outstanding. Some of these issues are:

- To promote awareness of the barriers and to improve treatment for persons with concurrent disorders by all treatment centres across Saskatchewan.
- To further explore the issues involving the role and function of the Saskatchewan Hospital in North Battleford.
- To explore matters concerning the Children's Advocate recommendations that identified issues with children and youth in custody.



APPENDIX A - COUNCIL MEMBERSHIP FOR 2001-2002

Thom Bartram

Mr. Bartram is a taxi driver in Regina, mental health consumer and long-time advocate for the mentally ill. Thom serves on the Board of Directors of the Canadian Mental Health Association, Regina Branch, the Employment Sub-Committee of the Committee on Access, City of Regina, and on the Board of Directors, National Network for Mental Health. He has published in *SIPY North*, *Report on Duck Bay Basic Job Readiness Training* as well as articles in *Briar Patch*, *A Community We Formed By Our Selves*. He has taught at both the high school and community college level in various communities. Mr. Bartram has a Bachelor of Arts Degree (physics and mathematics) as well as a Bachelor of Education Degree.

Victoria Clarke

Ms. Clarke is a Holistic Health Co-ordinator with the Peter Ballantyne Cree Nation Health Services where she provides counselling, prepares therapeutic plans, makes referrals and educates. She has co-ordinated summer programs for children and youth. Ms. Clarke has a Bachelor of Social Work (University of Regina); she completed her practicum at a safe shelter for women. She has additional training in Suicide Intervention (Living Works), Anger Management Training and Substance Abuse Subtle Screening Inventory (SASSI) training.

Helene Dorsch

Ms. Dorsch graduated from the Saskatchewan Hospital Weyburn in 1962 and became a member of the Registered Psychiatric Nurses Association of Saskatchewan (formerly SPNA) and worked as a Senior Nurse and Nurse III at the Weyburn Psychiatric Centre, then Weyburn Mental Health Centre for 22 years. She relocated to Moosomin in 1984 as a Community Mental Health Nurse. She has lobbied for changes in *The Mental Health Services Act*, for integration, co-ordination and accessibility of mental health services, and has served as a member of the Pipestone District Health Board.



Dave Elliot (Chair)

Mr. Elliot presently works for Saskatchewan Northern Affairs and previously was the Manager of the Wollaston Lake Co-operative. He has been active in mental health issues all of his adult life. He is Past-President of the Depression and Manic Depression Support Co-operative of Regina. Mr. Elliot is married to Susan Fricker-Elliot and has three long-term foster children. He has a Bachelor of Arts in English and History from the University of Alberta (1976). He has adjusted well to limitations placed on him by his bipolar disorder.

Valerie Hartley

Ms. Hartley is the manager of Residential (Addiction) Services (Calder Centre) with Saskatoon District Health. She has approximately seven years experience in the field of addictions and more than twenty years experience in mental health in both front line and management capacities. Ms. Hartley is co chair of the Provincial Alcohol and Drug Services Working Group, as well as a current member of the University of Saskatchewan EAP Board, the Addiction Medicine Advisory Committee and the chair of the Chemical Dependency Worker Program Advisory Committee with SIAST. She is a past president of the Registered Psychiatric Nurses Association of Saskatchewan. She has a diploma in Psychiatric Nursing and is working towards a BSN.

Harland Magneson

Mr. Magneson retired from the University of Regina in 1998 where he had been a Professor with the Faculty of Social Work. Prior to his retirement, he was employed in social work education for nearly three decades. He has also been employed in family and mental health services for more than a decade. During his social work career he was an advocate for families and persons experiencing systems conflict. As a grandparent, he has continued interest in advocating for a healthy society.

Sherryl McKay

Ms. McKay is employed with the Yorkton Tribal Council as the Mental Health Coordinator. Her educational background is in rehabilitation. She has certificates in Dealing with Family Violence and Social Work. Sherryl is also the Provincial Training Consultant in Suicide Intervention and trains front line workers and concerned community members in risk estimation and suicide intervention skills. Ms. McKay is also the Team Manager of the First Nations Crisis Response Team in the Yorkton Tribal Council area. She has been a voice for First Nations mental health needs for several years.



Marcia Mirasty

Ms. Mirasty is an employee of the Meadow Lake Tribal Council Health and Social Development Office. She has a Bachelor of Arts (Honours) degree and a certificate in Indian Community Career Counselling with the Saskatchewan Indian Federated College (SIFC). She is familiar with First Nation health and social development issues. She has been a member of the Midwifery Advisory Committee for Saskatchewan Health, and a board member of the Northwest Health District. Ms. Mirasty is a Canoe Lake First Nations member and resides on Flying Dust First Nation. Her areas of interest include addressing wellness issues; community planning and development; and exploring the integration of programs and service to best meet the needs of First Nations people.

K.V. Ramachandran

Dr. Ramachandran holds a specialist qualification in psychiatry from the United Kingdom. He has been practising psychiatry since 1976. He has worked in England as well as Ontario before moving to his current position as Chief Psychiatrist at Saskatchewan Hospital in 1990. In addition to his administrative functions, he provides clinical psychiatry services to the Forensic Program and Psychiatric Rehabilitation Program at the hospital. His current professional interests include rehabilitation psychiatry, forensic psychiatry, schizophrenia, substance abuse disorders, community psychiatry and the use of computers in psychiatric practice. Dr. Ramachandran is a current member of numerous associations including the Canadian Psychiatric Association, the Saskatchewan Psychiatric Association, the Canadian Association of Psychiatry and Law, and the Canadian/Saskatchewan Medical Association.

Shirley Skelton

Ms. Shirley Skelton is a retired Registered Nurse with family members who suffer from depression and schizophrenia. She is President of the Provincial Board of the Schizophrenia Society and a member of the Central Saskatchewan Mental Health Rehabilitation Co-ordinating Council. Shirley is also involved with the planning committees related to two conferences regarding mental health issues.



Marion Solberg

Ms. Solberg is a retired nurse with 30 years of experience in the health care field including various areas of acute care hospitals. She is a past member of the Rolling Hills Health Board. Ms. Solberg has served in many managerial positions in her profession and district. She also represents consumer interest in the system as she has raised a daughter with what appeared to be FAS/FAE, who was later diagnosed as an adult with a metabolic genetic disorder, which has been very successfully treated.

David Surjik Jr.

Since receiving a Bachelors Degree in Economics from the University of Regina, Mr. Surjik has held several jobs with a community-based component. He has lobbied to retain the Crows Nest Freight Agreement and has raised funds for working mothers to build a new 24-Hour Child Care co-operative. He has served as a shop steward and elected union representative. He has worked at a community service call centre and has served as a technical liaison for the hard of hearing. Over the years Mr. Surjik has been an active writer and recently was awarded the Best New Writer award from a national magazine that published the early works of Margaret Atwood and Micheal Ondaatje. He believes that a healthy balance can be struck between the needs and rights of the intermittently ill and those of the public at large.

Alice Waldie

Ms. Waldie has been a professional educator since 1969. She has extensive experience as a classroom and special education teacher and consultant. She has worked in the capacity of a vice-principal and principal and currently holds the position of Superintendent, Curriculum and Instruction, for the Regina Catholic School Division. As well, Ms. Waldie has been an assistant professor (Educational Psychology and Special Education). She has a personal and professional interest in appropriate mental health services for children and youth and is a member of the Regina Health District's Mental Health Advisory Committee.



APPENDIX B - SUMMARY OF EXPENDITURES

MHAC	1997- 1998	1998- 1999	1999- 2000	2000- 2001	2001- 2002
Honorarium	\$5,335	\$ 4,283	\$ 3,693	\$ 3,773	\$6,818
Professional/Technical Services	0	110	0	0	0
Duplication	0	0	0	33	20
Travel for Non-Government Employees	463	2,549	445	0	962
Travel for Council Members	7,436	6,746	5,368	5,920	9,726
Registration Fees, Business Expenses, Room and Equipment Rental, Misc. Purchases	0	271	1,605	943	3,163
Total	\$13,234	\$13,959	\$11,111	\$10,669	\$20,689



APPENDIX C - TERMS OF REFERENCE

Purpose

The Saskatchewan Mental Health Advisory Council is to advise the Minister and senior officials in Saskatchewan Health on policies, programs, priorities and resources aimed at meeting the mental health needs of the people of Saskatchewan. The Council also has the responsibility to monitor and review progress towards meeting established objectives.

Tasks of the Council

The Saskatchewan Mental Health Advisory Council will meet at least four times each year, two of which will be with the Minister of Health, in order to undertake the following:

Policy Issues

- Receive briefs and submissions concerning mental health services, issues, services and target groups.
- Recommend policies that would help meet identified needs, problems, concerns and issues.

Planning Activities

- Recommend strategies to meet the identified needs, problems, concerns and issues related to mental health in Saskatchewan.
- Recommend new program initiatives to meet emerging needs and/or to take advantage of existing opportunities.
- Contribute ideas and suggestions to the annual strategic plan and budget for mental health services in Saskatchewan.
- Advise on a communications strategy that would promote awareness of good mental health in the Province.



Communication

- Consult with stakeholders on mental health issues and report back on the activities of the Council.
- Communication with the public and the Minister would seek to objectively weigh needs and assign priority from an overview perspective, rather than as an advocate for any one particular group.

Evaluation

- Receive program and financial reports on the operation of mental health services in Saskatchewan.
- Provide advice on a communications strategy that would promote awareness of mental health issues in the Province.
- Monitor and evaluate services in relation to existing needs and aspirations in Saskatchewan.
- Review progress toward meeting established objectives.

Council Membership

The Saskatchewan Mental Health Advisory Council is to consist of up to 14 persons including up to six representatives from local mental health advisory councils that have been established and nominated by the Regional Health Authorities. Remaining Provincial Council members will be selected on the basis of their individual interest, experience and expertise in the field of mental health

The Terms of Reference of Council allow all members to serve for two consecutive three-year terms. Meetings are held on a quarterly basis.

The Minister of Health appoints a Chairperson from the members on Council to serve for a term of one year. No person remains in this position for more than three consecutive years.



APPENDIX D - PRESENTATION GUIDELINES FOR COMMUNITY INTEREST GROUPS

Requests may be made to MHAC for meeting agenda time to make either verbal or written presentations to the Council. These presentations are an opportunity for interest groups and individuals to bring issues before the Council, and an opportunity for the Council to receive information/education regarding specific issues.

Written Presentations

Send your written request and presentation outline to:

Karen Gibbons
Saskatchewan Health
Community Care Branch
3475 Albert Street
REGINA SK S4S 6X6
Telephone: (306) 787-5020
Fax: (306) 787-7095

Applicants will be notified within thirty-days (30) of receipt of request regarding the meeting date at which their presentation will be discussed. Council response will be provided within forty-five (45) days of presentation.

Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters involvement with the issue and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Personal Presentations

As in Written Presentations #1.

Applications will be notified within thirty-days (30) of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.

Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council and allow ten (10) minutes for questions, for a total of twenty (20) minutes.



APPENDIX E - ADAAC AND MHAC PRESENTATION TO SAHO

Working Together: The Vision for Mental Health and Alcohol and Drug Programs in Saskatchewan

Slide 1

Introductions

- Dave Elliot, Chairperson of the Saskatchewan Mental Health Advisory Council (MHAC)
- Richard Peters, Chairperson of the Saskatchewan Alcohol and Drug Abuse Advisory Council

Slide 2

The Role of the Saskatchewan Mental Health Advisory Council and the Saskatchewan Alcohol and Drug Abuse Advisory Council

- To advise the Minister of Health and the Community Care Branch on policies, programs and priorities aimed at meeting the mental health and addiction needs of the people of Saskatchewan.

Slide 3

The Cost of Substance Abuse in Canada

- More than \$18.45 billion in Canada in 1992.
- The number of hospitalisations due to substance abuse represent 8.5% of total hospitalisations and 10% of total days spent in the hospital.
- Each dollar spent on the treatment of addiction saves \$7 in legal and social costs.

Source: Cost of Substance Abuse in Canada

Slide 4



The Cost of Mental Illness in Canada

- Nine percent of health budgets are spent on mental illness.
- Depression alone costs the Canadian economy more than \$12 billion dollars per year.
- Schizophrenia requires a greater use of hospital beds than any other medical or surgical condition in Canada.

Slide 5

Concurrent Disorders

- Refers to those individuals who are experiencing a combination of mental/emotion/psychiatric problems with the abuse of alcohol and/or other psychoactive drugs.

Source: Health Canada

Slide 6

Prevalence of Concurrent Disorders

- One in three Canadians will suffer from an addiction or mental illness in their lifetime.
- Psychiatric patients are more than twice as likely to suffer from drug or alcohol abuse than the general population.
- An Ontario study found that 55% of those with a lifetime alcohol diagnosis also had a lifetime mental health diagnosis.

Slide 7

Historical Separation

- | | |
|------------------|-------------------------|
| ➤ Mental Illness | ➤ Institutions |
| ➤ Alcoholics | ➤ Specialized Treatment |
| ➤ Drug Addiction | ➤ Corrections System |

Slide 8



Philosophical and Clinical Barriers to Integrated Treatment

- | Addictions | Mental Health |
|---------------------------------|--|
| ➤ Peer Counselling Model | ➤ Medical Professional Model |
| ➤ Spiritual Recovery | ➤ Scientific Treatment |
| ➤ Self Help | ➤ Medication |
| ➤ Confrontation and Expectation | ➤ Individualized Support and Flexibility |
| ➤ Detachment/empowerment | ➤ Case Management Care |

Source: K. Minkoff

Slide 9

Philosophical and Clinical Barriers continued ...

- | Addictions | Mental Health |
|---|---|
| ➤ Episodic treatment | ➤ Continuity of Responsibility |
| ➤ Recovery Ideology | ➤ Deinstitutionalization Ideology |
| ➤ Psychopathology is secondary to addiction | ➤ Substance abuse is secondary to psychopathology |

Slide 10

System Similarities

- Bio-psychosocial model for mental health and substance abuse.
- Acceptance of the need for a continuum of care which values many types of services.
- The role of self help organizations.
- The significant role of stigma.

Slide 11

System Similarities continued ...

- The relationship between mental illness and addictions to the correctional system.
- The potential for common outcome indicators and other performance measures.
- Increasing recognition of the overlap in the population needing help.

Slide 12



Definition of System Integration

- The development of enduring linkages between service providers or treatment units within a system or across multiple systems to ensure that consumers receive a consistent approach to:
 - illness and/or problems
 - and a plan for treatment

Slide 13

Concurrent Disorder: Case Study

- | | |
|--------------------------------------|--|
| ➤ Male | ➤ Middle 40s |
| ➤ Divorced | ➤ Lives alone |
| ➤ Reports feeling down | ➤ Heavy drinker |
| ➤ Referred by doctor | ➤ Poor health |
| ➤ Unemployed for the past six months | ➤ Involvement with the Criminal Justice System |

Slide 14

Present System Issues

- Severe stigma
- Need for additional support
- Need for continuity of care
- Recognition of dual problem
- Misdiagnosis
- Difficulty accessing the system

Slide 15

Issues continued ...

- Lack of training among professionals
- Poorly coordinated services
- Lack of cooperation among service providers
- Lack of resources

Slide 16



ADAAC and MHAC Joint Recommendations

- Policy
- Program Access
- Education
- Training
- Accountability
- Integrated Service Delivery

Slide 17

Recommendation #1

- The development of a policy to ensure that dually diagnosed people are served by both Alcohol and Drug Services and Mental Health Services.

Slide 18

Recommendation #2

- The development of a policy that clearly articulates that the discontinuation of medication prescribed by a physician is not a requirement for treatment.
- The policy must outline a process for reviewing an individual's medication with a psychiatrist/physician where there is a concern that the medication may interfere with the treatment process.

Slide 19

Recommendation #3

- Education resources become available and distributed to inform the public, mental health and addiction workers about the difference between psychoactive and psychotropic medications.
- Education for patients about their medication is key to stabilization and preventing relapse.

Slide 20



Recommendation #4

- Joint training should be provided to mental health and addiction workers regarding the management and treatment of people with a concurrent diagnosis of substance abuse and a mental disorder.

Slide 21

Recommendation #5

- Particular focus needs to be placed on young people between the ages of 15 and 24 who may experience a "first break" in mental health problems with only the occasional use of alcohol or drugs.

Slide 22

Recommendation #6

- Accountability – Saskatchewan Health needs to communicate standards of service for people with concurrent disorders clearly to District Health Board services, community based programs, physicians and the public. Provincially funded programs, physicians need to adhere to provincial policies and standards.

Slide 23

Recommendation #7

Toward developing an integrated services delivery model that should:

- be mental health and addiction programs work multidisciplinary in approach
- address mental health and addictions problems simultaneously
- provide a comprehensive integrated continuum of services.

Slide 24



Recommendation #7 continued ...

- provide for a comprehensive integrated assessment for individuals.
- address social issues impacting recovery (housing, food and employment).

Slide 25

System Integration should be expected to ...

- Increase system accountability.
- Enhance system ability to implement innovation and change, including implementation of best practices, treatment protocols and programs.
- Enhance capacity to monitor and improve performance of the service system.

Slide 26

Expectations continued ...

- Provide consumers with more timely and appropriate use of a full range of services.
- Increase retention/reduce dropouts.
- Increase continuity of care.
- Increase choice and satisfaction.

Slide 27

Battlefords Health District MH/ADS Collaboration

- Co-located
- Mutual respect
- Joint training
- Centralized intake
- Validation of each perspective
- Timely follow up
- Case conferencing

Slide 28



APPENDIX F - FEEDBACK

Let us know what you think about the 2001-2002 MHAC Annual Report!!

Please indicate your agreement or disagreement with each of the following statements about the Annual Report by checking the appropriate box.

1 = strongly disagree 2 = moderately disagree 3 = neutral 4 = moderately agree 5 = strongly agree

The layout of the Annual Report was well planned and appeared to follow an orderly sequence.

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐

The information given in the Annual Report was useful in describing the important moments of the Saskatchewan Mental Health Advisory Council.

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐

The programs and terms described in the Annual Report were easily understandable.

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐

Do you have any other comments or suggestions about the Annual Report, or is there any information you would like to see included in future reports? *(Please continue on reverse)*

Please forward to:
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This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



